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PATENT
HOL01 P-102

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit : 3727
Examiner : Eugene Lhymn
Applicant : Jim Azzar
Serial No. : 10/659,861
Filing Date : September 11, 2003
Entitled : FOOD TRAY LINER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION

I certify that the following papers are being facsimile transmitted to the Patent
and Trademark Office on the date shown below:

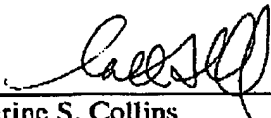
Claims as Amended Form (in duplicate); and

Response to Office Action dated October 19, 2005.

YOU SHOULD RECEIVE A TOTAL OF 14 PAGES

INCLUDING THIS TRANSMITTAL.

Dated: January 19, 2006.



Catherine S. Collins
Van Dyke, Gardner, Linn & Burkhardt, LLP
P.O. Box 888695
Grand Rapids, MI 49588-8695
(616) 975-5500

CSC:lmse
Enclosures

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Dear Sir or Madam:

RESPONSE

In response to the Office Action mailed October 19, 2005, having a three-month period of response ending January 19, 2006, applicant wishes to amend his application as follows:

01/20/2006 STEUMEL1 00000008 220190 10659861

01 FC:2202 25.00 DA
02 FC:2201 100.00 DA

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Dear Sir:

Transmitted herewith is an amendment in the above identified application.

The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 25	Minus	** 24	= 1	x \$25	\$25.00	x \$50	\$.00
Independent Claims	* 5	Minus	*** 4	= 1	x \$100	\$100.00	x \$200	\$.00
First Presentation of Multiple Dependent Claims					\$180	\$	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$125.00		\$.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

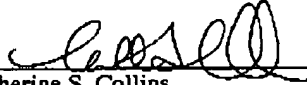
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

1. ☒ Please charge the amount of \$125.00 and any additional fees or credit overpayment to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

By: VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: January 19, 2006


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